



King County

Department of Community and Human Services

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FINAL PROGRAM DESIGN / PROCUREMENT PLAN

Veterans and Human Services Levy: 2.5(a)

King County Criminal Justice Initiatives (KCCJI) including the Supportive Housing Intervention for Transition to Stability (SHIFTS) Program

1. Goal (Overarching Investment Strategy)

The Veterans and Human Services Levy Service Improvement Plan (SIP) set a goal of ending homelessness through outreach, prevention, permanent supportive housing and employment (page 18 of SIP).

2. Objective (Specific Investment Strategy)

Enhance the housing and supportive service program of the King County Criminal Justice Initiatives (KCCJI) for individuals with histories of long-term homelessness (page 21 of SIP). Specifically ending homelessness for individuals who are the most frequent institutional users of both psychiatric hospitals and local jails through the provision of strategic treatment and supportive housing programs.

3. Population Focus

The projects being proposed will serve both veterans who are homeless and other individuals who are homeless in proportion to the Veteran's and Human Services Levy dollars available. For the KCCJI projects 30 percent of the funds are for services to Veteran's and 70 percent are for others. The SHIFTS Program initiative that we are addressing with this Procurement Plan has one treatment services component the Forensic Assertive Community Treatment (FACT) program the other three components of the SHIFTS Project are related to housing supports.

The FACT program will serve 50 homeless individuals over a five year period. Carefully crafted criteria will produce a list of the most frequent institutional users who are homeless. The FACT program is described in detail in the Program Strategy Description section.

Individuals will be identified for enrollment based upon their

- frequency of incarceration (6 more bookings in a year)
- use of the jail behavioral health unit
- diagnosis of mental illness or co-occurring disorder

- criminal history
- assessment of current risk of violence

A referral form will be completed by existing jail liaison staff and staff from the mental health courts on individuals they wish to refer. The form developed by MHCADSD outlines how the individual meets the criteria above. Upon review and approval by the FACT Program manager at MHCADSD the referral will be included as a member of the pool of eligible program candidates. The forms for eligible individuals will be given to the FACT Team who will initiate the engagement and assessment process.

4. Need or Risk Information

Local and national data highlight the powerful links between mental illness/co-occurring disorder, jail and psychiatric hospitalization and homelessness.

✓ *Homelessness Linked to Jail:*

- Among individuals enrolled in the King County's mental health system, those who are homeless are four times as likely being jailed than those with housing.

✓ *Jail Linked to Psychiatric Hospitalization:*

- When jailed, individuals with mental illness often face questions of legal competency resulting in protracted jail stays and hospitalization to resolve the issue. It is common for a competency- involved inmate to languish in jail ten times longer than comparably-charged individuals without a mental illness.

✓ *Mental Illness, Co-Occurring Disorders and Homelessness - Jail-House Norms*

- Homelessness is the norm in King County's jails; 50 percent of all inmates using Jail Health Services reported they were homeless; 25 percent living in shelters or on the street.
- Recent Dept of Justice research indicates that:
 - 64 percent of all individuals in local jails report symptoms of mental illness.
 - 74 percent of those with mental illness met criteria for substance abuse or dependency

Additionally, incarceration often results in loss of housing and benefits, separation from treatment, and a criminal history that disqualifies individuals for future housing. Our public services, hospital emergency departments, jails and psychiatric hospitals are inundated with individuals in crisis. Many clients are frequent users who have complex and chronic needs that cannot be met effectively or efficiently in these high-cost settings. Frequent users are often involved in several systems of care—behavioral health, social services, criminal justice, and housing—as well as in the health care system. Repeated visits to jails, emergency rooms, and hospitals result in inflated expenses, often absorbed by public systems, which drive up costs for everyone.

5. Total Dollars Available

There is \$500,000 (\$150,000 for Veteran's and \$350,000 Human Services) from the Veteran's and Human Services Levy. The FACT program will be utilizing \$100,000 (\$30,000 for Veteran's and \$70,000 for others) annually of the \$500,000 available funds. At a later date the other Criminal Justice Initiative projects proposing to use the remainder of the funds will be presented to the Veteran's and Human Services Levy Boards.

FACT Budget

Services Funding Amount	Funder
\$300,000	State Homeless Grant Assistance Project
\$200,000	Medicaid Treatment Services funds from MHCADSD Mental Health and Chemical Dependency treatment resources
\$100,000	Proposed to come from King County Veteran's and Human Services Levy
\$600,000	Total Services Funding
Housing Funds	
\$350,000 (50 housing vouchers)	King County and Seattle Housing Authorities

6. Geographic Coverage

The goal of the program is to identify the most frequent users of local jails including both of the County jails and the municipal jails from the suburban cities with in King County.

7. Evidence-Based or Best Practice Information

There will be several evidence based or best practice programs that will be implemented under the Criminal Justice Initiatives project. The following is a description of the program component specific to the Forensic Assertive Community Treatment (FACT) program:

Forensic Assertive Community Treatment (FACT): A self-contained mental health program made up of multi-disciplinary mental health staff, including a peer specialist, that work as a team to provide the majority of treatment, rehabilitation, and support services program participants need to achieve their goals. Services are individually tailored with each participant through relationship building, individual assessment and planning, and active involvement with participants to enable each to find and live in their own residence, to find and maintain work in community jobs, to better manage symptoms, to achieve individual goals, and maintain optimism and recover. The ACT team is mobile and delivers services in community locations rather than expecting the participant to come to the program.

8. Program Strategy Description

Veteran's and Human Services Levy funds are proposed to be utilized to support program services. The program service costs are \$600,000 per year. Over \$300,000 of the cost for services will be provided by the State Homeless Grant Assistance Program and \$200,000 will be coming from mental health and chemical dependency treatment funds. The remaining \$100,000 we are requesting from the Veteran's and Human Services Levy funds. The funding for housing subsidies will be coming from the local housing authorities. Below is a description of the service model and the housing approach.

FACT Model

FACT is a participant -centered, recovery oriented mental health service delivery model for the criminal justice population that utilizes a multi-disciplinary team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness.

FACT Team members include the following staff disciplines: psychiatrist, nurse (ARNP), mental health professional, chemical dependency specialist, criminal justice specialist, vocational specialist, and peer counselor.

The FACT model is highly compatible with concurrent application of other evidence-based practices (e.g. supported employment).

Forensic Assertive Community Treatment (FACT) programs have all the core ACT components including:

- Multi-disciplinary team approach
- Integration of services
- Low participant-staff ratios (1:10 minimum)
- Assertive outreach and engagement
- Service provision at participants' residence or in the community
- Focus on symptom management and everyday problems of living
- 24/7 direct access to staff in times of crisis
- Time-unlimited services

Successful FACT programs have the following additional components:

- A primary goal of preventing arrest and incarceration.
- All consumers admitted to the team have criminal justice histories.
- Acceptance of the majority of referrals from criminal justice agencies.
- Requirement that providers have expertise and experience with the criminal justice system and clients served by that system.
- Integration of the criminal justice system with clinical services, e.g. inclusion of probation officers or forensic specialists on treatment teams, engagement of local police and court system to assist in participants staying out of jail.
- Allows use of legal leverage as an intervention to promote treatment engagement and continued participation.
- Emphasizes matching the ethnic/social demographics of the service staff (including peer support counselors) with program recipients.
- Emphasizes employment services and outcomes.
- Development and incorporation of a structured supportive housing component for high-risk consumers with on-site addiction treatment services.

The program will also use a Housing First approach engage and rapidly house frequent institutional users who are homeless. Services include:

- Permanent supportive housing to stabilize and support housing tenure.
- Intensive, flexible community-based services using the Assertive Community Treatment (ACT) model, integrating mental health, chemical dependency and primary health care and

employment training into a single, comprehensive team. (High staff to client ratios (1:10-12) assure frequent contact and availability)

- Round the clock, face-to-face crisis response as housing preservation service for participants and landlords, as well as the availability of respite housing for crisis periods
- Range of housing models to accommodate and support individual stabilization and recovery
- Time-unlimited services recognizing the need for long-term support to achieve stabilization.

9. Disproportionality Reduction Strategy

The FACT program is targeted to persons who are identified as high utilizers of the local jails with a goal of reducing future involvement in the justice system. Countless prevalence studies have established that persons of color are found in jail populations in disproportion to their numbers in the population in general. We therefore expect that the FACT program will contribute to a reduction in disproportionality in the local jails.

In current treatment and housing initiatives that are targeted to similar individuals we serve 41 percent People of Color and 59 percent Caucasian. We would expect the FACT program would serve people in the above proportions. The FACT program will actively work with program participants to address the behaviors that are potentially contributing to criminal justice involvement through treatment interventions, and to reduce barriers to accessing and maintaining permanent housing.

The process evaluation will track the number of individuals referred and accepted into the program by race and review the course of their participation in the program.

10. Coordination/Partnerships

SHIFTS represents a partnership of philanthropy, housing authorities and public funders that models cross-system policy-making, funding and collaborative implementation. The systems that are involved in the KCCJI (identified in the list below) have committed to be involved with the project:

- King County Department of Juvenile and Adult Detention
- King County Prosecutors
- District Mental Health Court
- Municipal Mental Health Court
- King County Police
- Seattle Police
- King County Housing Authority
- Seattle Housing Authority

Additionally, the Committee to End Homelessness in King County (CEH) prioritized homeless individuals who are the most frequent users of jails and psychiatric hospitals as a key population for intervention. Recognizing the overlap of the two high utilizer populations groups, CEH sought to create combined diversion/discharge intervention strategies. A

significant number of the people and systems committed to the CEH are partnering on the implementation of the FACT program.

Please also see the information provided in Alignment within and across systems below.

11. Timeline

A Request for Proposals (RFP) will be distributed no later than June 15, 2007 seeking a provider for the FACT Team. The respondents to the RFP must be licensed/ certified to provide publicly funded mental health and chemical dependency services in the State of Washington and they must have a service office within King County.

Proposal Schedule:

June 15, 2007	RFP Released
June 21, 2007	Bidders Conference
June 22, 2007	Written Questions Due
July 20, 2007	RFP solicitation period closes
July 26, 2007	Evaluation of written proposals
July 30, 2007	Interviews, if conducted
July 31, 2007	Final results released

Program start up will be initiated August 15, 2007 and the program will begin serving consumers during the month of October 2007.

12. Funding/Resource Leverage

As indicated earlier, SHIFTS represents a partnership of philanthropy, housing authorities and public funders that models cross-system policy-making, funding and collaborative implementation. Among the specific commitments are:

- Housing – 50 Section 8 vouchers from Seattle Housing Authority and King County Housing Authority
- New construction capital for program expansion – Seattle and King County for set asides units
- Seattle Foundation and United Way of King County – \$250,000 for services and housing over two year period
- County Veterans and Human Service Levy – proposed \$100,000 for FACT program services
- State Resources – Homeless Grant Assistance Program (HGAP) \$1.1M over three years
- Seattle and county attorneys/prosecutors agreement to postpone or drop charges for eligible clients

13. Outcomes

The following outcomes will be measured and tracked with regard to the FACT program.

Reduce:

- community and state psychiatric hospital admissions and days*
- jail bookings and days incarcerated*
- acute medical/ER services*,

- acute substance use/detoxification services*
- homeless episodes*

Increase or Improve:

- days housed in the community*
- mental illness symptom improvement*
- income stability*

*These will be tracked by race and ethnicity in addition to other demographic and program status factors.

14. Dismantling Systemic/Structural Racism Strategy

The FACT program is one small program within the larger King County criminal justice initiatives. As part of the KCCJI the FACT program will work closely with the system partners to identify, through process evaluations and other performance measurement, the structures and/or barriers and/or deficits in the justice and treatment systems and address those that perpetuate racism and the disparate representation of and outcomes for individuals in the justice and treatment systems.

King County MHCADSD staff are currently participating in training related to undoing institutional racism with a specific emphasis on the processes employed to procure and contract with community based agencies that provide treatment services for consumers. The tools and strategies identified in those training will be utilized to support current and future contracting practices related to the KCCJI efforts.

Additionally, the housing subsidies for the FACT Team program are coming from the King County and Seattle Housing Authorities who require that providers comply with fair housing laws. Please note that fair housing laws do not allow housing providers to target permanent housing projects for households of a particular race, ethnicity, gender, etc., therefore, we must approach racism in the housing arena through emphasis on equal and fair access

15. Cultural Competency

DCHS and its divisions and programs are concerned about cultural competency and will be holding intensive sessions with staff regarding cultural competency in RFP processes and contract development this spring.

MHCADSD requires the agencies it contracts with demonstrate cultural competency through a variety of strategies and will have the same expectations of the FACT program provider. The agencies must provide program information and consumer rights in languages other at least the seven most common languages used in King County than English. They must have available interpreter services for program participants who do not speak English. Additionally they must seek cultural consultations for those individuals are from cultural or ethnic populations. MHCADSD monitors the agencies to assure that these strategies are being actively implemented for the people the agency is serving.

16. Alignment Within and Across Systems

The FACT program was identified the Committee to End Homeless (CEH) as a key program to address the issues of individual who are homeless. The CEH will be actively involved in assisting with and monitoring the implementation of the FACT program. Additionally, MHCADSD is and will continue to be working closely with the Department of Juvenile and Adult Detention, the King County Prosecutor, the office of Public Defender, and the Housing Authorities to implement the FACT program.

17. Improvement in Access to Services

The FACT program will be providing services to individuals who have typically not had access to services in the public treatment system because they have not met the eligibility requirements of being Medicaid recipients.

Additionally the FACT program employs specific best and evidence based practices in the program participant engagement phase. Motivational Interviewing is one of the key strategies utilized to facilitate program engagement. The objective of the engagement phase of Motivational Interviewing is to develop comfortable and trusting relationships and if possible to expose the potential program participant to information about the etiology and process of the challenges/illnesses they are facing in an empathetic and educational manner. The overall goal is to bring a potential program participant into a stage of readiness to address the challenges and/or illnesses they are dealing with through active participation in intervention programs.

Both the fact that the program can be offered to people who wouldn't otherwise qualify for public treatment services and the strategic engagement activities employed by the FACT Team will improve access to services for the population of people the program is targeting.

18. Provider Selection/Contracting Process

Please see the answer in Timeline section above.

19. Process and Outcome Evaluation

The investment strategy to increase permanent housing with supportive services for veterans and other persons in need will be evaluated on both process and outcomes by evaluators hired in the DCHS MHCADSD Division. The MHCADSD will work with the evaluators to measure the effect of the Levy on process issues such as startup activities, program participant engagement, fidelity to the FACT program model, any issues that address or impact disproportionality, collaboration and system level changes that occur, and on the outcomes listed above.